



Please submit **BEFORE July 10** to:  
**Fran Penner-Ray**  
Traffic Education Programs  
Montana Office of Public Instruction  
Denise Juneau, Superintendent  
PO Box 202501  
Helena, MT 59620-2501  
Or fax to: (406) 444-2955

**FORM TE06**  
**YEAR-END REPORT**  
Traffic Education Programs  
  
FOR SCHOOL YEAR:  
July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

DISTRICT/SCHOOL NAME: \_\_\_\_\_  
  
Person completing form: \_\_\_\_\_  
  
Phone: \_\_\_\_\_

You can enter this report online via the **Traffic Education Data & Reporting System (TEDRS)**. If you need access, contact OPI for a username and instructions on using TEDRS to enter your TE01, TE03/04 and TE06 forms.

**TRAFFIC EDUCATION PROGRAM (Check all that apply and provide the requested information)**

A. Regarding your traffic education program, did you:

- \_\_\_\_ 1. Offer traffic education: ☐ Before School ☐ During School ☐ After School ☐ Summer
- \_\_\_\_ 2. Charge a fee for each student enrolled in traffic education during:  
1st semester: \$ \_\_\_\_\_ 2nd semester: \$ \_\_\_\_\_ Summer: \$ \_\_\_\_\_
- \_\_\_\_ 3. Plan to **increase the fee** charged students for the next school year and summer? If yes, indicate new fee: \$ \_\_\_\_\_
- \_\_\_\_ 4. **Grant credit** for successful completion of traffic education?
- \_\_\_\_ 5. Screen students for **visual acuity** before they are permitted behind-the-wheel?
- \_\_\_\_ 6. Employ a traffic and safety education **coordinator** and/or supervisor?
- \_\_\_\_ 7. Offer **pedestrian safety** instruction in your elementary and middle schools?
- \_\_\_\_ 8. Offer **school bus rider safety** instruction in your elementary and middle schools?
- \_\_\_\_ 9. Offer **bicycle safety** instruction in your elementary and middle schools?
- \_\_\_\_ 10. Make your traffic education program available to **adult beginning drivers**?
- \_\_\_\_ 11. Make your traffic education program available to **students with disabilities**?
- \_\_\_\_ 12. Teach an instructional unit on sharing the road with **motorcycles**?
- \_\_\_\_ 13. Emphasize and require use of **seat belts**?
- \_\_\_\_ 14. Teach an instructional unit on the **effects of alcohol & drugs** and encourage students not to drive impaired?
- \_\_\_\_ 15. Use OPI's current **Montana Teen Driver Curriculum** modules?
- \_\_\_\_ 16. Utilize **computers** as part of the traffic education program?
- \_\_\_\_ 17. Conduct follow-up research to determine the accident involvement and violation rate of students who successfully completed the traffic education program?
- \_\_\_\_ 18. Involve parents in the traffic education program (**Parent Night** and/or Parent Ride Along)?
- \_\_\_\_ 19. Participate in the **Cooperative Driver Testing Program (CDTP)** and administer the state driver license tests to your students?
- \_\_\_\_ 20. Use OPI web site (Traffic Education section) or METNET to obtain traffic education information?

B. Primary textbook you used: Title: \_\_\_\_\_ Edition or Year: \_\_\_\_\_

**VEHICLES (Check all that apply and provide the requested information)**

C. How many vehicles are used annually in your traffic education program? \_\_\_\_\_

D. How does the district obtain traffic education vehicles?

- \_\_\_\_ 1. Free loan \_\_\_\_ 2. Daily fee \_\_\_\_ 3. Lease or rental \_\_\_\_ 4. District- owned \_\_\_\_ 5. Instructor-owned  
\_\_\_\_ 6. Other: \_\_\_\_\_

E. Was/were your district traffic education vehicle(s) involved in a crash(es) during the reporting period?

1. Number of traffic crashes: \_\_\_\_\_ 2. Number of persons injured: \_\_\_\_\_  
3. Number of persons killed: \_\_\_\_\_ 4. Amount of property damage: \$ \_\_\_\_\_

**INSTRUCTORS (Check all that apply and provide the requested information)**

- F. Number of qualified instructors teaching traffic education: 1. Full-time: \_\_\_\_\_ 2. Part-time: \_\_\_\_\_
- G. Which payment method(s) and rate(s)/amount(s) used by your district for traffic education instructor's salaries:

**School Year Payment Method(s)**

- \_\_\_\_ 1. Hourly  
 \_\_\_\_ 2. Weekly  
 \_\_\_\_ 3. Monthly  
 \_\_\_\_ 4. Per Pupil  
 \_\_\_\_ 5. Portion of scheduled salary  
 \_\_\_\_ 6. Other

**Summer Payment Method(s)**

- \_\_\_\_ 1. Hourly  
 \_\_\_\_ 2. Weekly  
 \_\_\_\_ 3. Monthly  
 \_\_\_\_ 4. Per Pupil  
 \_\_\_\_ 5. Portion of scheduled salary  
 \_\_\_\_ 6. Other

What does your payment method equate to in hourly wages?

**School Session**

Hourly maximum rate: \$ \_\_\_\_\_

Hourly minimum rate: \$ \_\_\_\_\_

**Summer Session**

Hourly maximum rate: \$ \_\_\_\_\_

Hourly minimum rate: \$ \_\_\_\_\_

- H. \_\_\_\_\_ **total students** completed at least 50% of the classroom and 50% of the driving instruction during this reporting period.
- I. **BUDGET** - List below all current fiscal year operational costs incurred including salaries for your traffic education programs **regardless of the funding source**.

**Traffic Education Program Expenditures****Amount**

1. Gross Salaries . . . . .	\$ _____
2. Employer's contribution for employee social security, retirement . . . . .	\$ _____
3. Other employee benefits and professional development . . . . .	\$ _____
4. Vehicle rent, lease or purchase fees (if school owned, calculate annual cost based on per-mile rate) . . . . .	\$ _____
5. Vehicle fuel, oil, repairs, maintenance and installations . . . . .	\$ _____
6. Vehicle insurance premiums . . . . .	\$ _____
7. Instructional equipment (computers, etc.) . . . . .	\$ _____
8. Rental fees for video, equipment, etc. . . . .	\$ _____
9. Textbooks and supplies . . . . .	\$ _____
10. _____ . . . . .	\$ _____
11. _____ . . . . .	\$ _____
12. _____ . . . . .	\$ _____

J. **TOTAL COST INCURRED (add lines 1 through 12):** . . . . . \$ \_\_\_\_\_

K. **AVERAGE COST PER PUPIL (Line J, Total Cost is divided by Line H, Number of Students)** \$ \_\_\_\_\_

**ENROLLMENT**

- L. Indicate the number of eligible students, within the district boundaries, who desired to take traffic education and who were not able to do so because of: 1. Insufficient classes: \_\_\_\_\_ 2. Scheduling conflicts: \_\_\_\_\_
3. Other: \_\_\_\_\_ Explain: \_\_\_\_\_
4. How does your district deal with eligible students unable to take the class when they desire?
- \_\_\_\_ a. First Come \_\_\_\_ b. Oldest Served First \_\_\_\_ c. Other. Explain: \_\_\_\_\_

I confirm that this year-end report is accurate and complete to the best of my knowledge. I understand that traffic education reimbursement for my school will not be processed unless this form is completed and submitted to the Office of Public Instruction by July 10.

\_\_\_\_\_  
 Signature, District Administrative Official

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Print name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_